

TRAVEL REQUEST WORKSHEET

DATE OF REQUEST:		QTP TRIP NO.:	
NAME/SSN	RANK/GRADE	ITINERARY	
BOQ/MOTEL PREFERENCE & PHONE (IF KNOWN)		PROCEED TIME: PROCEED DATE:	
		RETURN TIME: RETURN DATE:	
		LEAVE TAKEN IN CONJUNCTION: YES _____ NO _____	
		NO. DAYS/DATES	
RENTAL CAR YES _____ NO _____ TAXI YES _____ NO _____		POINT OF CONTACT	
		PHONE	
VISIT REQUEST		ADVANCE REQUESTED: YES _____ NO _____	
SEND TO: _____ YES _____ NO _____		PURPOSE OF TDY	
SPECIAL INSTRUCTIONS: (Meeting at hotel, Non-contract Airline Times)			

MODE OF TRANSPORTATION				
Comm Air _____ (Contract/Non-Contract)	Govt Air _____	Govt Veh _____	POV _____	Rental Car _____

<u>LODGING RESERVATIONS MADE,</u>	
HOTEL/BOQ	CONFIRMATION NO:
RATE:	BOQ NONAVAIL NO:
PHONE	
<u>RENTAL CAR NFO:</u>	
COMPANY:	RATE PER DAY:

<u>ESTIMATED COST*</u>			
TRAVEL: = Cost from SATO	\$ _____	ALLOWABLE RATES:	
PER DIEM: = Cost x # of days	= \$ _____	LODGING:	\$ _____
RENTAL CAR/TAXI: = Cost x 9 of days	= \$ _____	M&ie:	\$ _____
CONFERENCE FEE: =	= \$ _____		
MISCELLANEOUS: = (gas, tolls, etc.)	= \$ _____	TOTAL	\$ _____
TOTAL	= \$ _____		

DEPART FROM	AIRLINE	FLT #	TIME	DATE	ARRIVE AT	TIME

DIRECTOR OR SPECIAL ASSISTANT	MESSING DIRECTED	N-8	CNET/01A
		\$ _____ AVAILABLE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
SIGNATURE _____ DATE _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE _____ DATE _____	SIGNATURE _____ DATE _____

PRIVACY ACT NOTIFICATION: Under the authority of 5 USC 301, your social security number is solicited for the purpose of processing your request for temporary additional duty orders. Disclosure of your SSN is necessary to maintain a numerical identification system for individual travel claims. It will not be divulged without your written authorization to anyone other than Navy and/or Marine Corps personnel involved with the processing of the request. You are not required to provide this information, however, failure to do so may result in the denial of your request.